

Application Data Sheet

Application Information

Application number:: Unassigned
Filing Date:: 10/19/01
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)??:
Number of copies of CRF::
Title:: HUMAN KINESINS AND METHODS OF
PRODUCING AND PURIFYING HUMAN
KINESINS
Attorney Docket Number:: 020552-000410US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Christophe
Middle Name::
Family Name:: Beraud
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 761 Tehama Street
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94103

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Cara
Middle Name::
Family Name:: Ohashi
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 131 Chaves Avenue

City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94127

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Poland
Status:: Full Capacity
Given Name:: Roman
Middle Name::
Family Name:: Sakowicz
Name Suffix::
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 524 Jibstay Lane
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Eugeni
Middle Name::
Family Name:: Vaisberg
Name Suffix::
City of Residence:: Foster City

State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 647 Pegasus Lane
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ken
Middle Name::
Family Name:: Wood
Name Suffix::
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1073 Grebe Street
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Ming
Middle Name::

Family Name:: Yu
Name Suffix::
City of Residence:: Foster City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1339 Marlin Avenue
City of Mailing Address:: Foster City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94404

FEDERAL TRADE COMMISSION

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation:: Primary	Representative Number:: 30,223	Representative Name:: William M. Smith
Associate	37,505	Joe Liebeschuetz

Domestic Priority Information

Application:: This Application	Continuity Type:: Continuation of	Parent Application:: PCT/US00/10870	Parent Filing Date:: 04/20/00
PCT/US00/10870	Continuation of	09/295, 612	04/20/99

Assignee Information

Assignee Name:: Cytokinetics
Street of mailing address:: 280 East Grand Avenue
City of mailing address:: South San Francisco
State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94080